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ABSTRACT

Developed primarily to assist local administrators and teachers in planning and implementing secondary level vocational health occupations programs, this guide is also designed for vocational guidance personnel who assist students in making career choices. Section topics are as follow: trends in health care, health occupations education differentiated from health education, components of a quality health occupations program, program purpose, suggested course sequences, steps in planning, joint agreements, community employment needs and opportunities, educational equity, teacher selection, advisory committees, student and program objectives, instructional resources, health associations, and both student and program evaluation. An appendix lists applicable health occupation program resources and Office of Education program title codes. (MEK)

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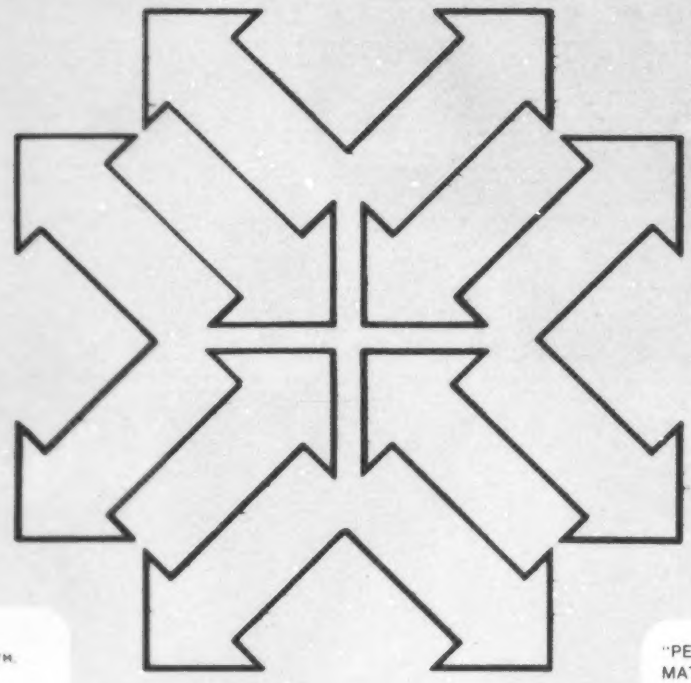
A Guide For Teachers and Administrators Health Occupations At The Secondary Level



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Jack Witkowsky, Chairman
State Board of Education

Joseph M. Cronin
State Superintendent of Education

INTRODUCTION

The health care industry is one of the most rapidly growing industries in the country. This rapid growth has created many employment opportunities in the health field. Consequently, there is a need to introduce students to the broad range of job opportunities in the health occupations.

This guide has been developed to assist local administrators and teachers in planning and implementing quality vocational health occupation programs to meet the need of students and communities. These individuals may find this guide helpful when working with local advisory committees on various program phases. In addition, vocational guidance personnel may utilize it effectively to assist students in making career choices.

Health occupations encompass those career areas which provide services to individuals in need of health care. They include direct patient care and supportive services. Employment in this discipline is available in a wide variety of settings: health care facilities (hospitals, nursing homes, and extended care facilities), community health service agencies and professional offices.

The Dictionary of Occupational Titles lists more than 300 job classifications. Preparation for these careers may be offered in various educational settings such as secondary comprehensive and area vocational centers, community colleges, adult education centers and private institutions.

FOREWORD

The Illinois Office of Education is pleased to present this publication, "A Guide for Teachers and Administrators--Health Occupations at the Secondary Level." "Health occupations education comprises the body of subject matter and planned learning experiences designed to prepare persons for occupations in the health field which are supportive to the ealth professionals. Programs are designed to prepare persons with competencies needed to assist qualified health professionals in providing diagnostic, therapeutic, preventative, restorative and rehabilitative services to patients in health care facilities, in the home, and in the community. Health occupations education programs prepare persons to render direct or indirect health services to patients, provide planned instruction and supervised learning experiences in appropriate clinical settings. The educational programs are conducted by recognized educational agencies using the clinical facilities of appropriate health care institutions which can make available to the students the quality experiences required for them to develop the competencies needed to meet their occupational objective. Techniques for the regulation of workers in the health occupations have been developed and administered, either by appropriate professional organizations, or by legally constituted authority in the respective states, as a means of safeguarding the public against unqualified and/or unscrupulous persons. Therefore regulatory procedures such as licensure, certification, and/or registration in certain of the health occupations have been established. Vocational student organization activities which provide opportunities for students enrolled in health occupations programs to develop additional skills, leadership qualities, and understanding of the world of work, and of the health field in particular, are an integral part of the health occupations programs. The organization which is specifically concerned with health occupations student activities is known as Health Occupations Students of America."[1]

The purpose of this guide is to assist secondary school administrators and instructors in planning health occupations education programs. The secondary programs are continuing to increase every year and with this increase comes the complexities of providing quality programs to students. Initially the health occupations education program was implemented through the cooperative education method. While this is still a popular approach, new methods and courses have been added so that a complete 9 through 12 grade sequence is being implemented in some schools. Additionally, new policies regarding health occupations teacher qualifications were enacted October 1, 1977 by the State Board of Education in Document Number 1, "The Illinois Program for Evaluation, Supervision, and Recognition of Schools." The Illinois Office of Education recognizes the need to provide services to schools in all phases of program planning. With this in mind, the health occupations consultants of the Department of Adult, Vocational and Technical Education have prepared this guide to fulfill this program planning need.

Joseph M. Cronin
State Superintendent of Education

[1] U. S. Office of Education, Vocational Education and Occupations (Washington: U. S. Government Printing Office, 1969)

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TRENDS IN HEALTH CARE

Not long ago most health workers received their educational job training in private institutions. Aides and technicians learned through on-the-job training (OJT) and in programs administered in the health care institution. While this type of training is still popular, there has been a trend towards administering health occupations programs in public school settings. A predominant number of health technicians in Illinois are prepared in the community colleges. Nearly 20,000 nurses, medical laboratory technicians, radiologic technicians, and others were enrolled in community college programs for FY '77. Also, the secondary school is now an important setting to prepare entry level health workers. The enrollment in high schools has increased dramatically in the past few years and is expected to continue to rise as more high schools and area vocational centers make commitments to implement programs. Adult education enrollments are also increasing, particularly with assistance from the Comprehensive Education Training Act (CETA) which provides training funds for qualified recipients.

There is increased emphasis upon providing educational programs for aide level workers. A number of states have established minimum educational standards for nurse aides. This is occuring because of public demand for increased accountability in quality health care. Health care institutions must meet specified minimum standards to receive federal and state funds and to meet licensure requirements. It is also noteworthy that as the educational requirements are raised so are the salaries of the workers.

Health care is becoming more technical. In addition to patient care skills, sophisticated therapeutic equipment requires additional skills of health workers. This technological advancement has caused the number of allied health workers programs at all levels to multiply.

Legislators are passing laws which provide more and better services to the underserved and underprivileged in our society. As a result the health services to the handicapped, disadvantaged and elderly are growing. Additional facilities are being built to accommodate the delivery of services to these clients. More clinics, long-term care facilities and community based services will require additional trained workers to give clients needed care.

Home and community based care will probably become more common. As legislators determine ways to serve individuals in the home rather than in institutions, the need for home health workers will surely increase. The President's national plan for health care emphasizes health education and prevention of disease. The present system is crisis oriented with an emphasis upon acute care. To implement such a plan the health workers' skills need to be broadened, with more individuals trained with the competencies to deliver care in different settings with different goals.

High school, community college and adult students are seeking future jobs where employment is stable. Citizens are requiring better and more accessible health care. Legislators are attempting to respond to the needs of their constitutencies in formulating health care legislation. Public educators, at all levels, realize that these trends lead to greater demand for trained health workers and are implementing the needed health occupations programs.

Quality training programs, quality health workers and quality health care are complimentary and the public schools will continue efforts to be effective in responding to their communities' needs in these areas.

GLOSSARY OF TERMS

Accreditation is the process by which an agency or organization evaluates and recognizes a program of study or an institution as meeting certain predetermined qualifications or standards. It shall apply only to institutions and their programs of study or their services.

Advisory committee is a formally organized group of persons selected for a specific educational purpose, operating under certain rules and approved by proper school authority.

Articulation is the relationship to accommodate program planning that should exist between the successive levels of the educational system (elementary, high school, area vocational center and community college).

Certification is the process by which a nongovernmental agency or association grants recognition to an individual who has met specific predetermined qualifications as determined by that agency or association.

Clinical facility is a health care facility or real work world setting where a student gains experience; examples are the hospital, nursing home, physician's or dentist's office, etc.

Cooperative education is an instructional method which combines learning experiences gained through regularly scheduled supervised employment in the community facility, related to the instructions received in school that achieve program and student objectives.

Core curriculum is the design of units or courses to include a common body of knowledge and/or skills.

Disadvantaged persons, other than handicapped, who have academic or economic handicaps and who require special services and assistance to enable them to succeed in a planned vocational education program.

Extended campus is an instructional method which provides for utilization of the community health care facility as an extension of a health occupations program. The instructor and students move to the health care facility for planned laboratory hands-on experiences which are coordinated with the classroom objectives.

Handicapped persons who are mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, crippled, or other health impaired persons who for reasons thereof require special education and related services, and who, because of their handicapped condition, cannot succeed in the regular vocational education programs without special education or who require a modified vocational educational program.

Health education is a part of general education and provides instruction in the principles of good, physical, emotional and mental health, enabling the individual to live a healthy, well-balanced life and to help others to do so.

Health occupations is a planned vocational program of study designed to provide instruction in the appropriate knowledges, skills and attitudes of health occupations so that, upon completion of a program of study, the individual will be qualified for gainful employment in an occupation or in a cluster of related occupations.

Licensure is the process by which an agency of government grants permission to persons meeting predetermined qualifications to engage in a given occupation and/or use a particular title or grants permission to insitutions to perform specified functions.

Measurable objectives are statements that relate to planning and evaluation of quality occupational programs. Statements are divided into student performance and program management objectives. An objective has three components: outcome statement, condition and criteria, which are measurable.

Observational experiences are experiences planned by the instructor which provide the student with the opportunity to observe health workers performing job duties in the health care facilities.

Orientation is that part of the health occupations program sequence taught at the freshman (9th grade) and sophomore (10th grade) levels. The ninth grade level is a one year or less composite type course introducing the students with some "hands-on experience" to many levels of jobs in the health occupations area. The tenth grade orientation level is often listed as semester courses which offer units of instruction and activities in the health field which serve as a foundation for progression into health occupations skill development.

Registration is the process by which qualified individuals are listed on an official roster maintained by a governmental or nongovernmental agency.

Sequential program planning is a series of interlocking units of courses which provide students the opportunities to develop competencies for entry level employment and/or postsecondary education. They should lead a student toward an occupational objective.

Sex stereotyping means attributing behaviors, abilities, interests, values and roles to a person or group of persons on the basis of their sex.

HEALTH OCCUPATIONS AND HEALTH EDUCATION EXPLAINED

With so much emphasis being given to areas of health-related education, it is sometimes difficult to distinquish between programs which are frequently related in title but differ drastically in purpose. For this reason, a distinction must be made between health occupations education and health education. While there is a place for both programs in the school curriculum, it is important that the differences of the two be recognized.

Health education is a valuable part of each student's basic education. It demonstrates methods by which individuals can enhance and maintain their physical, social, and mental health to live more effectively.

Health occupations education, on the other hand, is one part of the student's career education experience. It assists the student in making decisions regarding work. Initially, this education assists the student in better understanding the health field and realizing its importance, value and contributions to society. Later if the student wishes, the opportunity should be available to prepare for work in one of the many health occupations.

As one examines closely the units of instruction required by the Illinois Office of Education in the health education curriculum and the suggested outline for the health occupations curriculum, one discovers many similarities. It is, therefore, possible to design a curriculum to satisfy both. However, this must be done with great care to meet the guidelines and objectives of both areas.

PURPOSE

The main objective of a secondary health occupations program is to prepare the student for employment upon completion of the program sequence. The second objective is to assist the student in entering postsecondary education. The outcome of the program should meet the following criteria:

The student:
- is prepared to function satisfactorily in the health care facility;
- possesses all competencies needed at the entry-level for a particular job;
- is employed in the field or related field in which he/she was trained;
- continues on to postsecondary training or education based upon sound occupational information and experience; and
- functions well on the job.

COMPONENTS OF A QUALITY PROGRAM

The administration should provide the necessary leadership, sanctions and support essential to the implementation of quality health occupations program offerings.

The instructors should be qualified by both education and work experience. See "The Illinois Program for Evaluation, Supervision, and Recognition of Schools," State Board of Education, Document Number 1, and the bulletin "Criteria for Program Approval and Financial Support for the Administration of Occupational Education in Illinois," Illinois Office of Education, Department of Adult, Vocational and Technical Education, 100 North First Street, Springfield, IL 62777.

Guidance services should be available to students to apprise them of current career information and placement services as needed.

Students should have an opportunity to participate in student organization activities which are an integral part of the health occupations program. See "Illinois Vocational Youth Organizations Local Advisors Handbook," Illinois Office of Education, Department of Adult, Vocational and Technical Education, Illinois Coordinating Council for Vocational Youth Organizations, 100 North First Street, Springfield, IL 62777.

The health occupations curriculum should be based upon student's needs and training and employment opportunities in the community. The curriculum content and activities should be based upon the competencies needed to perform on the job and/or should form a foundation to continue one's education in a health field.

The methods of instruction should be so varied that each individual student is provided with the opportunity to reach optimum learning and performance levels.

Utilize all community resources which can serve to promote the objectives of the program. These resources should include, but not be limited to, resource persons, both in school and health care facilities, the media, and an active advisory committee.

The facility should provide adequate space for each student in the program to meet the performance objectives. In most health occupations programs a laboratory will be needed at the 11th and 12th grade skill levels. This is somewhat dependent upon the type of program and instructional methods selected. Nonetheless, a laboratory is generally needed for teacher and student demonstrations and student practice. Additional space should be secured in community health care facilities as needed. This can include classroom as well as hands-on laboratory space.

The equipment should be of sufficient quality and quantity to meet the student performance objectives. Modified equipment and supplies should be available as needed for the handicapped and disadvantaged students.

The purpose of the above basic components is to aid in the identification of the major components of a quality program. For more detailed information refer to An Aid for the Identification of Quality Vocational Education Programs, Illinois Office of Education, Department of Adult, Vocational and Technical Education, Occupational Consultant Section, 100 North First Street, Springfield, IL 62777.

PLANNING A QUALITY HEALTH OCCUPATIONS PROGRAM

On October 12, 1976, former President Ford signed the Education Amendments of 1976 as enacted by Congress. The Amendments include five titles of which Title II is Vocational Education. The Education Amendments of 1976 are cited as Public Law 94-482.

P.L. 94-482 states that it is the purpose of the vocational education Title II to assist states to:

1. "improve planning in the use of all resources available to them for vocational and manpower training
2. extend, improve, and where necessary maintain existing programs
3. develop new programs
4. overcome sex discrimination and sex stereotyping in vocational education
5. provide part-time employment for youths who need earnings to continue their vocational training so that persons of all ages can have ready access to training and retraining which is of high quality."

The planning of sequential programs for occupational education programs which will provide individuals with the opportunity to develop the necessary knowledge, skills and attitudes needed for employment in an occupational area is essential to the development of sound programs in occupational education.

One of the primary goals of occupational education is to provide opportunities for students to develop the competencies necessary for meaningful employment and/or to pursue further education by the time they choose to enter the labor market. Isolated occupational preparation courses do not provide students sufficient educational opportunities to become adequately prepared for employment. Therefore, there is a need to develop and implement quality sequential occupational programs, comprised of interlocking courses and incorporating other nationally accepted components.

Educational administrators need to consider the following factors when determining the kind of sequenced occupation program to be offered: student needs, community needs and employer needs.

1. Student needs

   --opportunities to enroll in programs which develop concepts and related skills to prepare for a career in the health field. This preparation must be realistic to the student's interests, abilities, job opportunities, career mobility, continued education and advancement possibilities.

2. Community needs

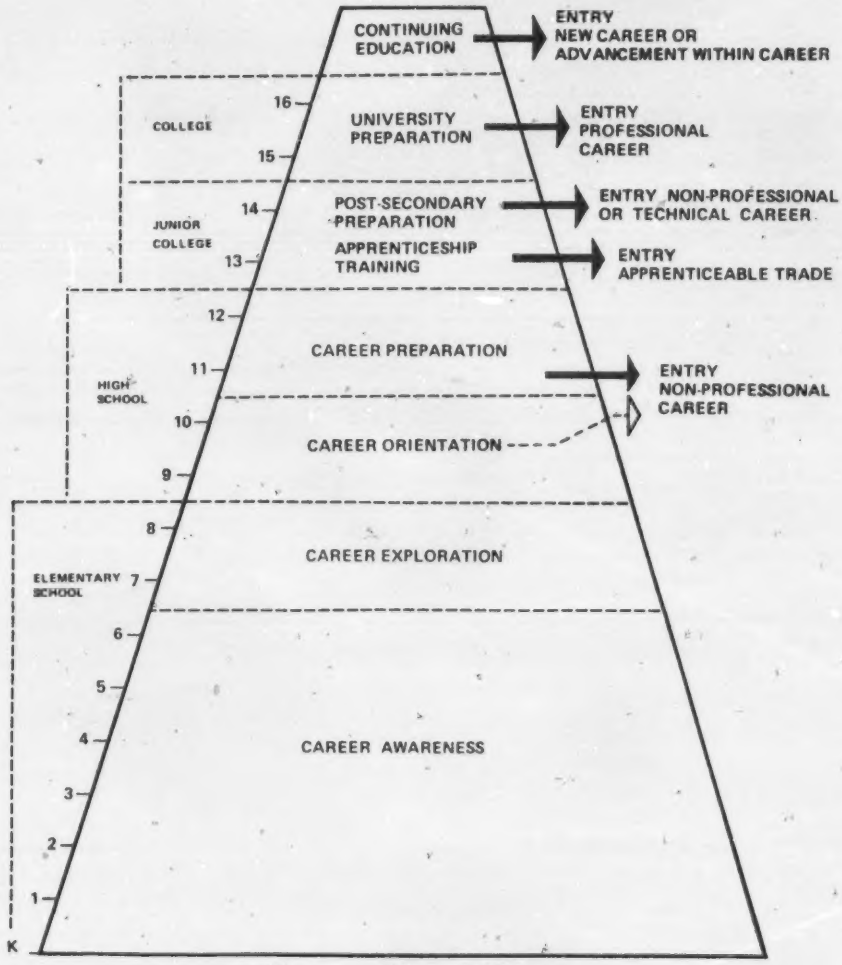
   --competent health workers to assist in providing quality health care for its citizens.

3. Employer needs

--health occupations programs that prepare individuals to be competent employees.

Local health care facilities should be surveyed to make sure that the programs considered are compatible with the needs of the above mentioned groups.

When planning the secondary program careful organization will provide a strong foundation upon which future success and achievement will rest. The sequenced health occupations programs should be patterned after the Illinois Career Education Model.



Career Education
ILLINOIS MODEL

SUGGESTED COURSE SEQUENCES

The ninth and tenth grade courses in the secondary sequence are referred to as orientation and the eleventh and twelfth grade courses as preparation. These courses are designed in a logical learning order from the simple to the complex.

The suggested course sequences for health occupations program ninth through the twelfth grade level are:

9th Grade - Occupational Orientation Orientation to health occupations
(Full year or minimum of one semester)

Should include classroom and community based activities, to assist the student in further development of self-concept, matching personal abilities to tentative career choices. The suggested course content should provide information into health careers, the job, educational opportunities and should include educational and attitudinal requirements. For example, the units of instruction should include self-understanding, personal dress and grooming, public health agency and similar community health agencies, health care consumer, and interpersonal relationships. Methodology to present course content would be the use of community resources, films and field trips and other relevant methods.

10th Grade - Occupational Orientation Introduction to health occupations core
(Full year or minimum of one semester)

Should include classroom and community activities and a core of knowledge common to many of the occupations within the health field. The common core will develop the student's cognitive and affective skills of formulating a strong foundation for specific skill development in the 11th grade. A high degree of job competency is not developed at this level. Job related activities and hands-on experience should be an integral part of the course. Units of instruction that may be correlated with activities could be history of medical events, psychology of illnesses, organizational structure of health facilities, communication skills, microorganisms, nutrition and special dietary needs, body systems with correct terminology interspersed throughout each unit, and safety standards. Methods utilized in presentation would be varied according to the instructor's innovation and available resources.

11th Grade - Occupational Preparation Health occupations core of skills
(Full year)

Should include content and skills common to most health occupations. The units of instruction, activities and skills should be planned concurrently. Units may include medical ethics, law and conduct, identification and general care of medical equipment, body mechanics and transportation of patients, collecting specimens, observing, recording and reporting, aseptic techniques and applications, the patient and environment, and functioning as members of health care teams. Student performance should be learned and practiced in the classroom and supervised closely by qualified health occupations teachers in a health care facility through extended campus or cooperative education.

12th Grade - Occupational Preparation Continuation of skill learning
(Full year)

Should include skills to prepare the student for a specific health occupation. The course should provide the students with adequate practical skill preparation experiences to gain the competencies necessary for employment, advancement, and/or continued education. The student should learn through a combination of classroom, laboratory and on-the-job experiences. This on-the-job experience may be gained either through extended campus or cooperative education.

STEPS IN PLANNING A QUALITY HEALTH OCCUPATIONS PROGRAM

The following steps should be used as an aid for developing a health occupations program. They are not necessarily meant to be followed in the series in which they are shown and are subject to revision, deletion and/or addition to meet the needs of the individual or group following these steps:

1. The philosophy, goals, and objectives of the health occupations program should be related to the philosophy, goals, and objectives of vocational education.

2. The advice of an advisory committee should be utilized in planning a health occupations curriculum.

3. The health occupations program should be developed to meet the local needs identified through community surveys, employment data, follow-up studies and other relevant information.

4. There should be sufficient program offerings to meet the needs, interest, and abilities as well as the current and projected employment opportunities.

5. Measurable program objectives developed should be based upon identified competencies relevant to the overall purpose of the program.

6. Program offerings should be flexible enough to provide smooth transition through the sequence without duplication.

7. The total health occupations curriculum should be articulated both horizontally and vertically.

8. The courses within the program should be sequenced to include both orientation and skill development courses.

9. A health occupations student organization should be an integral part of all course offerings.

10. Program offerings, methods of instruction, and student services should be adequate to meet the needs of the disadvantaged and handicapped.

11. Learning experiences should be sufficient to provide the opportunity for each student to acquire the competencies needed for success in the identified jobs and/or roles related to the program.

12. Sufficient career guidance should be available to assure that every student has adequate information to make a valid career decision.

13. Program planning, improving and evaluating should include the utilization of all available school and community resources.

14. Public relations should be planned and utilized for the purpose of achieving improved community and school cooperation.

15. Facilities should provide functional space that is flexible and adaptable for the variety of educational experiences needed to achieve the program and student performance objectives.

16. Equipment for the skill development courses should be similar to that found in the employment setting, sufficient in quality and quantity, and functional for all students to achieve program objectives.

17. Total program evaluation should be planned and conducted periodically to determine if it is based on identified student needs and interests, employment opportunities, measurable objectives, and is sequentially structured and articulated.

18. Consideration should be given to developing any new programs which may be needed to meet the needs of new and/or emerging occupational areas.

For further information see An Aid for the Identification of Quality Vocational Education Programs, Illinois Office of Education, Department of Adult, Vocational and Technical Education, Occupational Consultant Section, 100 North First Street, Springfield, IL 62777.

JOINT AGREEMENTS

A joint agreement is a contractual arrangement between two or more public school districts. One example of the joint agreement is the area vocational center; however, there are numerous joint agreements that are not AVC operations. The purpose of such agreement is to encourage districts to cooperate in offering vocational education to their students more efficiently and effectively and to lessen the administrative and operational costs to each district.

When planning a new health occupations program or expansion of an existing one, consider whether or not a joint agreement is feasible or if one is already in existance within busing distance. It is common for districts to join in agreement to offer the skill training to students while retaining the orientation instruction in the home school. This is because part of the skill training takes place in the health care facility and an instructor possessing technical skills is required; therefore, when considering a site for instruction to take place, locate near the health care facilities in which clinical instruction will take place. Some schools have elected to utilize classroom space in the health care facility.

For more information regarding joint agreements, see the memorandum "Joint Agreement Programs ... Procedures for Operation and Making Reimbursement Claims," Illinois Office of Education, Department of Adult, Vocational and Technical Education, Assistant Superintendent, 100 North First Street, Springfield, IL 62777.

COMMUNITY EMPLOYMENT NEEDS AND OPPORTUNITIES

The employment needs of the community are the most important criteria for electing to offer an occupational program. This activity is usually coordinated by the guidance department to determine the job placement opportunities by conducting surveys. The survey instrument and the conducting of the survey should be a conjoint effort between the guidance department and the advisory committee. These surveys can be conducted by telephone, mail, or interview. Regardless of the type of survey, the data obtained will only be as good as the questions asked or the survey instrument utilized. While it is the responsibility of the guidance department to determine the occupational needs of the community, the instructor should initiate, continue and/or terminate occupational units of instruction based on this data. The instructor should keep abreast of the job placement opportunities of the community as they pertain to health occupations in the ongoing program.

Determining Job Opportunities

When conducting surveys to determine employment opportunities there are many facilities to consider.

Following is a listing of appropriate community Health Care and Service Facilities.

I. Community Health Care and Service Facilities:

- a. Blood Banks
- b. Community Health Centers
- c. Dental Laboratory
- d. Dentists' Offices
- e. Drug Addiction Centers
- f. Extended Care Centers
- g. Health Department
- h. Home Health Service
- i. Medical-Surgical Supply Stores
- j. Mentally Handicapped Homes
- k. Mortuaries
- l. Nursing Homes
- m. Out-patient Clinics (Neighborhood Health Centers)
- n. Physicians' Offices
- o. Podiatrists' Offices
- p. Rehabilitation Centers
- q. School Nurse Offices
- r. Veterinarians' Offices
- s. Voluntary Health Agencies (Heart, Cancer, etc.)

II. Hospital Departments and Services

- a. Central Supply
- b. Clinics
- c. Dietary
- d. Electrocardiogram
- e. Electroencephalogram
- f. Housekeeping
- g. Medical Laboratory

h. Medical Records
i. Medical-Surgical
j. Medical Illustration
k. Medical Photography
l. Occupational Therapy
m. Physical Therapy
n. Recreational Therapy
o. Respiratory Therapy
p. Pediatric
q. Speech Therapy
r. Social Service
s. Ward Clerk

STUDENT INTEREST

The occupational goal of the student is a critical factor in considering what program or units of instruction are to be implemented. For example, if one student wishes to learn the skills of a rehabilitation aide, another to pursue an occupation in the dental area, and a third to begin acquiring skills in the pharmacy field, then, if the instructional resources are available, the opportunity to proceed toward that goal should be made available to the student.

Various factors will influence a student's choice of program. Some of these immediate factors are:

- The prior exposure the student has had through either planned occupational information or vicarious experiences upon which to base a career decision.
- The desire to gain employment skills in hopes of going to work right away for economic reasons.
- The motivation to begin working toward a long-range occupational goal.

For further information regarding the procedure and sample instruments for determining community employment needs and student interest, refer to Planning, Implementing, and Evaluating Career Preparation Programs, Dwight Davis and Joe Borgen, McKnight Publishing Company, Bloomington, Illinois 61701 - 1974 or Locally Directed Evaluation, Handbook 1, Local Leader Guide #6, Assessing Student Career Interest, Curriculum Publications Clearinghouse, 76B Horrabin Hall, Western Illinois University, Macomb, Illinois 61455.

CONSIDERATIONS FOR SPECIAL NEEDS STUDENTS

Vocational Education for Handicapped and Disadvantaged Persons

Handicapped

Provisions in the Vocational Education Amendment of 1976 (P.L. 94-482) states, "For each fiscal year at least 10 per centum of each State's allotment under section 103 shall be used to pay 50 per centum of the cost of vocational education for handicapped persons." section 110. Also a definition of "handicapped" can be located in section 195.

Public Law 94-142 is a law written to help insure that all handicapped children will receive an education at public expense. This law requires that each handicapped child must have an Individualized Education Program (IEP). The Illinois Office of Education has developed guidelines to assist administrators, supervisors, and teachers to develop IEPs.

Disadvantaged

P.L. 94-482 also deals with the "disadvantaged," in section 104. This public law provides that at least 20 per centum of each State's allotment under section 103 shall be used to assist in providing education for "disadvantaged" students. This part of the Act defines "disadvantaged."

Health occupations programs do serve handicapped and disadvantaged students as evidenced in the One and Five Year Plan submitted annually to the Department of Adult, Vocational and Technical Education by the local education agency. As a result of the before mentioned laws, it is probable that the health occupations programs will serve these students in ever increasing numbers. The instructors of health occupations programs should avail themselves of inservice opportunities which enable them to serve these students more effectively. The instructor will want to learn of nontraditional methods and materials that may be more effective in serving this special population. Additionally, other school staff and parents are involved in planning and implementing the individualized program for the student. The health occupations instructor should be a part of this team so that the educational program can be better coordinated to serve the student.

EQUAL EDUCATIONAL OPPORTUNITY

Title IX of the 1972 Education Amendments is the first comprehensive federal law to prohibit sex discrimination in the admission and treatment of students by education institutions receiving federal financial assistance. It reads:

> "No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving federal financial assistance."

Additionally the 1976 Vocational Education Amendments calls for the elimination of sex stereotyping in all vocational education programs and services. All vocational educators should read this legislation and determine what implications it has for local vocational program planning, implementation and evaluation.

The Illinois Office of Education, Department of Adult, Vocational and Technical Education, is the responsible agency for the disbursement of federal funds to vocational programs. Nearly all health occupations programs in the public school sector are recipients of these funds. It is quite evident that a disproportionate number of females are enrolled in the aide and technician level programs while the converse is true for the technological and professional levels. Parents, instructors, counselors and administrators need to find ways to encourage students to make informed career decisions. These key individuals can avail themselves of resources that are available for the identification and elimination of sex bias in educational programs. The health occupations are suited to all students desiring more information and skills for future employment. The secondary school provides the student with a strong foundation for the future and no student should be discouraged from exploring all occupational opportunities.

The Illinois Office of Education, Department of Adult, Vocational and Technical Education, has resource materials available to schools for inservicing staff and parents. There is also a course of study for secondary school students entitled, "Expanding Career Horizons."

SELECTING A TEACHER

Secondary health occupations teachers should possess a sincere desire to teach and teachers must have competencies to work with and between the educational institutions and the health care facility. The instructor is responsible for having training experiences to prepare the student with the cognitive, affective, and psychomotor skills required in the specific area of health occupations.

The secondary health occupations teacher <u>personal qualifications</u> should be:

enthusiastic, adaptable, a sincere desire to teach and an eagerness to work hard in assisting young people in becoming competent employees;

alert to current occupational needs and possible future job opportunities in health occupations related services;

able to incorporate these occupational needs into real instructional programs;

able to teach and communicate ideas, professional in activities with all persons involved in the program;

cooperative with other members of the faculty and able to maintain effective public relations for the health occupations education program;

able to exhibit a positive attitude, motivate students, establish rapport with students, staff, administrators, and community;

flexible, have the physical and personality traits conducive to achieving objectives of the program and be receptive to new ideas and changes;

exemplary in appearance and actions to serve as a model to students.

Professional requirements should be:

a valid teaching certificate;

preparation which includes instructional organization, materials, and methods and techniques of instruction in the specialty area.

For additional information, contact the Illinois Office of Education, Professional Relations, Certification and Placement, 100 North First Street, Springfield, IL 62777,

Illinois Office of Education, Department of Adult, Vocational and Technical Education, Occupational Consultants Section, 100 North First Street, Springfield, IL 62777,

See "The Illinois Program for Evaluation, Supervision, and Recognition of Schools," State Board of Education, Document number 1, and the bulletin "Criteria for Program Approval and Financial Support for the Administration of Occupational Education in Illinois," Illinois Office of Education, Department of Adult, Vocational and Technical Education, 100 North First Street, Springfield, IL 62777.

Following is a list of activities for which the health occupations teacher should possess special competencies:

develops program policies in concert with the total school policy and the policy of the health agency,

develops procedures for the implementation of the program in concert with total school policy and the health agency,

acts as liaison in interpreting the policy of one to the other,

serves as an ex officio member of the advisory committee which has been set up for the purpose of providing advisory service for implementing the program and recommendations for evaluation and improving the program,

understands the role and function of the school and the agency to be able to correlate the policies,

identifies the characteristics of student population and plans learning experiences,

identifies the individual abilities and needs of students and designs learning experiences and criteria that will meet the individual student's abilities and needs,

plans curriculum coordinating learning activities,

instructs and evaluates skill learning in the school laboratory and extended campus.

THE ADVISORY COMMITTEE

To this point in planning, job placement opportunities and student interest have been established and an instructor employed. The instructor with the assistance of those who have been involved in planning should select the health occupations advisory committee members. It is probable that a few or nearly all of the original steering committee will be asked to serve.

The advisory committee is the important link between the public school and the health care system. Suggested representatives who would be helpful to include on the advisory committee are:

- Administrators and Directors of Health Care Facilities
- Inservice Educators and Supervisory Personnel
- Aides, Technicians and Technologists
- Graduates
- Instructors, Students
- Physicians, Dentists, Nurses, and various Health Care Workers

With an understanding and acceptance, local health personnel can provide many contributions to this course of study. These are as follows:

- Advise on the skills and knowledge required for current practice in the aide occupation.
- Suggest new courses and/or other curriculum modifications for better preparing students for entry into the occupation.
- Suggest ways of upgrading the present course offerings.
- Assist in suggesting current equipment and supplies.
- Assist in providing extended laboratory facilities for training purposes.
- Report on opportunity for employment.
- Assist in modifying the learning materials to meet local agency needs.
- Assist in keeping you abreast of technical changes and new procedures and practices in the field.
- Serve as classroom resource people.

- Provide field trip sites.
- Assist in job placement for students both before and after completion of the course.
- Lend financial assistance necessary for conducting cooperative education programs.
- Promote community support for course offerings.

For further information see, A Guide for Planning, Organizing, and Utilizing Advisory Councils, Illinois Office of Education, Department of Adult, Vocational and Technical Education, Occupational Consultants Section, 100 North First Street, Springfield, IL 62777.

GUIDELINES FOR DEVELOPING PROGRAM MANAGEMENT OBJECTIVES

The program management objectives are those objectives for the continued planning, development, implementation and evaluation of the total health occupations program. Program objectives are to be formulated by the instructor with the assistance of the advisory committee. All data collected to this point in planning should be utilized. The program objectives should answer the following questions:

1. What program or programs will be made available to the students?
2. What sequence of courses will be made available?
3. What instructional materials should be utilized to best prepare the students?
4. Will the skill level be developed through cooperative education or extended campus?
5. What health care facilities are available for instructional purposes and are willing to participate in educating students?
6. Will the classroom and laboratory be located in the school or the health care facility?
7. What equipment is going to be needed? Supplies?
8. How much time will be spent in the classroom, laboratory and clinical facility respectively?

Following are some sample program objectives:

1. Upon completion of the 9th and 10th grade orientation courses the student will make a tentative career choice.

2. By the fall of 1978 four health care facilities in the community will provide clinical learning experiences for students in extended campus.

3. Upon completion of the recreational aide program the student will possess the competencies necessary to gain employment as a recreational aide in a local health care agency.

4. Upon completion of the high school practical nurse program the student will be prepared to articulate with the adult practical nurse program.

STUDENT PERFORMANCE OBJECTIVES

After completion of the task analysis, it is time to write student performance objectives. The objectives are based in part upon the tasks to be performed. However, tasks are not the only consideration for writing performance objectives. Generally the tasks lend themselves to writing objectives which deal with developing psychomotor skills. Additional objectives should assist in the development of cognitive and affective skills.

Write the objective in measurable terms. The objective will be measurable if it contains statement of OUTCOME, CONDITION and CRITERIA.

The outcome is a statement that describes the skill, knowledge or attitude being sought. The condition is a statement including such things as time, place, equipment, supplies or any circumstances in the learning situation which affects the outcome. The criteria reflects the standards that are expected in the outcome.

Measurable objectives may be written in various forms such as sentences, outlines and/or procedures. Regardless of the form utilized, the three components, CONDITION, OUTCOME and CRITERIA should be included.

After objectives are written, they should then be sequenced in the order that they are to be learned by the student. The objectives then become the skeletal structure of the curriculum, the structure around which all lesson plans are developed. Also, the instructional methodology and the evaluation process are dependent upon the objectives.

For additional information see, An Aid for Writing Measurable Objectives for Career Education, Illinois Office of Education, Department of Adult, Vocational and Technical Education, Occupational Consultants Section, 100 North First Street, Springfield, IL 62777

Following are some sample student performance objectives:

1. Throughout the program in Health Occupations Core of Skills, the student will display the attitude and behavior typical of health occupations in a health care agency to the satisfaction of the instructor and agency.

2. In the classroom, laboratory and clinical area, the student will demonstrate proficiency in the pronunciation and use of medical terminology appropriate with currently discussed health care.

3. In the clinical area in the laboratory, the student will display the character and ethics as required and expected in the profession as identified and observed by the total health team and instructor.

4. Given a laboratory situation, the student will demonstrate and describe basic emergency care appropriate in a variety of client care situations of the fellow student to the satisfaction of the instructor.

UTILIZATION OF RESOURCE PEOPLE IN THE CLASSROOM

Careers are pursued and established by individuals and pertain only to people. Positions, occupations, and jobs are the activities necessary for individuals to pursue a career. Utilization of resource people adds to the educational experiences needed for the students to achieve the desired occupational competencies.

A. Purposes

1. To provide occupational experiences and expertise to students that are not available in the typical classroom.

2. To aid instructors in their efforts to maintain relevant and current career and occupational curriculum content.

3. To make courses more interesting to all students and to relieve boredom from the "same old stuff."

4. To develop a favorable relationship with community resource people and to encourage them to play an integral part in the educational programs of the local agencies.

5. To provide accurate and usable employment information--particularly as it concerns job relations (work personality, values, responsibilities, opportunities and working conditions).

6. To provide students with the opportunity to meet potential employers who can provide current career and occupational information.

7. To provide varied viewpoints pertaining to required competencies needed to pursue various careers.

8. To improve students' zeal for learning more about a chosen career field.

B. How to Obtain Resource People

1. If the guidance department has a comprehensive career guidance system, it is recommended that guidance personnel arrange for the resource people and serve as a common clearinghouse,

or

instructors could get together in cooperation with administrators and compile a listing of community resource people. Each resource person should agree to serve before being placed on the list.

2. Business people, citizen advisory councils, students, community educational committees, faculty, etc., may be contacted to recommend resource people and, where possible, contacts should be made by persons who are personally acquainted.

3. Choose the resource person best qualified with expertise and personality for the specific subject area desired.

C. Suggested Procedure

1. Communicate with top management to gain the support for a prospective resource member of the firm to serve. This provides the necessary release time from work and motivates the employee-resource person to do well. Without approval of management, many qualified prospective resource persons will be reluctant to serve.

2. After management has approved and the resource person has consented, send a letter of acknowledgement--with a copy to management. When making a request for the resource person, include meeting information concerning date, time, place, and topic and a sample of an "interest sheet." Written confirmation of the appointment should be sent preferably 15 - 20 days in advance.

3. A reminder of a telephone call or postcard to the resource person should be made a few days before the meeting.

4. The resource person should receive "VIP" treatment. Introduce the school administrator to the resource person to make everyone feel a part of the overall effort. This makes for good public relations.

5. Accurate and adequate background information on the resource person needs to be obtained to make a good introduction to your students. The name of the resource person should be written and pronounced correctly.

6. It is advisable to have the resource persons arrive at the school at least a half hour before class time. Someone should be available to extend greetings and provide directions and instructions.

a. It is important for the resource person to understand that only career information is to be provided the class. If trade terms are used, each should be explained. The individual company is not to be promoted nor is there to be recruiting.

b. The resource person should be aware of the "interest sheets" to be collected from the students at the end of the session. It should be known that the sheets are for the purpose of determining if the students feel the presentation was understandable and in sufficient detail. The resource person should be given an opportunity to view the sheets. It may help in improving the presentation for greater student interest, if that resource person is requested to return.

7. A discussion period at the end of the presentation should be encouraged. Students may need instruction on types of questions to ask the resource person. For example, avoid the tendency of a student to say, "How much money do you make?" Encourage them instead to ask, "What is the range of income for your type of work?"

8. Within a couple of days after the presentation, send a thank-you letter to the resource person, with a copy to management. The letter should be signed personally or over the signature of the department head or administrator.

D. Qualifications of Resource People

Resource people should have backgrounds of experience in the career area, a genuine interest in helping students, and the ability and willingness to stay within the subject-matter area. They should have a clear understanding of what you desire for your class. Acceptance of the assignment should be viewed by them as a challenge.

Resource people should have the ability to present experiences to others. Remember, business people have been, and are, training and instructing all the time--not in the classroom, but under work circumstances.

Resource people do not have to be members of supervision or management, but may be on-the-job workers. The workers may be better able to explain their duties to students, also to reflect the approach needed for employment. Avoid those who feel "no one knows anything but me," or may say, "I wouldn't recommend my type of work to anyone." Resource people should have a positive approach.

The use of good resource people will enhance the respect of your students for you, also increase your prestige in the community as an educator. The administration will also appreciate the good community relations.

ARTICULATION

Articulation should take place between all levels of education. Articulation is happening in various degrees thoughout the state between K through 8 elementary career information, the secondary 9 through 12, vocational education, and post-secondary 13 through 14, community college vocational, technical level curriculum. However, it is still common for overlapping, duplication and gaps to exist in the learning that the student experiences in proceeding through the system. Effective, productive articulation takes place when administrators and instructors plan the curriculum and learning toward the efficient development of students' skills and the maximum use of resources. Administrators can give sanction and support to instructors and advisory committees involved in the planning, developing, implementing and evaluating of the total sequential program. Instructors at all levels should be involved in assisting each other in the setting of objectives, writing curriculum and planning appropriate learning experiences so that there evolves a sequential program K through 14. In cases where programs are already in existence, the instructors can compare course content and where duplications exist, a decision made cooperatively as to which is the most appropriate level for the learning experience. If curriculum content is considered appropriate for more than one level, which frequently occurs between the secondary vocational program and the post-secondary technical program, advanced placement and/or proficiency tests need to be worked out. A good example of articulation is that which is taking place between the high school and adult practical nursing program in some areas of the state. Also the new career ladder programs in nursing are examples of effective articulation between programs.

Administrators, teachers and health professionals come together with loyalties toward their own institutions and programs, and conflicts can arise during the process of articulation. However, with good leadership, these conflicts can be resolved and the common interest of all--that of a quality program to serve students will result.

Following is a listing of community college health occupations programs offered in the State of Illinois:

- Dental Assisting
- Dental Hygienist
- Dental Laboratory Technician
- Dietitic Technician
- Emergency Medical Technician
- Home Health Aide
- Medical Laboratory Technician
- Medical Records Technician
- Mental Health Technician
- Mortician
- Nuclear Medicine Technician
- Nursing (Practical and Associate Degree)
- Nursing Home Administration
- Occupational Therapy Assisting
- Operating Room Technician
- Physical Therapy Assisting
- Prosthetics and Orthotics Technician
- Radiologic Technician
- Respiratory Therapy Technician
- Respiratory Therapist
- Therapeutic Recreational Technician
- Ward Clerk

For additional information see An Aid to Articulation of Occupational Education Programs, Illinois Office of Education, Department of Adult, Vocational and Technical Education, Occupational Consultants Section, 100 North First Street, Springfield, IL 62777.

EVALUATION OF THE PROGRAM

In evaluating the success of the program one must discover to what degree the program objectives have been met. Through continued evaluative procedures one can decide what part of the instructional content should be retained and that which needs revision or deletion. Finding answers to the following questions will assist in the evaluation.

Is the program meeting the guidelines and requirements of state agencies?

What skills can the student perform upon completion?

Have they learned all the skills required to perform at the entry level?

Can the students perform these skills effectively in the local health care facility when employed?

Have the student's learning experiences been sequenced to provide for optimum development of skills?

Has the methodology been varied to hold students' interest, to motivate the students and to meet individual needs of students?

Have the physical facilities been adequate?

Is the length of time appropriated for classroom, laboratory and clinical experiences adequate?

Is the program being offered at a time during the day to take advantage of optimum learning experiences in the clinical facility?

Is the advisory committee involved in the planning, evaluation and revision of the program?

Are employers satisfied with the performance of the employees from the program?

Do former students express the opinion that the program has given them the needed skills to perform on the job?

The utilization of the Three-Phase System for Statewide Evaluation of Occupational Education Programs discovered the lack of local district self-evaluation efforts to be the major deficiency affecting most local programs.

Although evaluation has existed within our educational agencies for several years, it has often been fragmented--limited to such things as student assessment, staff evaluation and accreditation activities. Even these evaluation efforts have been informal, unsystematic and insufficiently related to planning and improvement. Although most local district personnel acknowledge this, they are reluctant to initiate local evaluation efforts. Many local personnel have not had the opportunity to acquire training in the procedures of the systematic evaluation.

To meet this need for assistance in evaluation, the Locally Directed Evaluation Project was initiated in 1973.

Materials and assistance are available to aid LEA personnel in planning, conducting, and utilizing the results of locally directed evaluation efforts. Consultant help is available as well as a local leader guide and filmstrip/tape presentation for each of the following evaluation activities:

1. Developing an Evaluation System
2. Student Follow-up Survey
3. Employer Follow-up Survey
4. Student Evaluation of Instruction
5. Assessment of Student Services
6. Assessing Student Career Interest
7. Assessment of Instructional Materials
8. Evaluation of Facilities
9. Internal/External Team Review
10. Evaluating the Career Information Program
11. Personnel Evaluation and Development
12. Identification of Occupational Competencies
13. Assessment of Services for the Disadvantaged and Handicapped
14. Assessment of Student Attainment of Objectives
15. Cost/Outcome Analysis
16. Analysis of Community Resources

Evaluation activities are conducted by instructors, counselors, administrators, advisory committee members, citizens, and students. The team approach is necessary in all locally directed evaluation activities.

For more ideas regarding what types of evaluations should be conducted, what activities can be executed for evaluating the programs and how to utilize evaluation data, see Locally Directed Evaluation, volume 1 and 2, Curriculum Publications Clearinghouse, 76B Horrabin Hall, Western Illinois University, Macomb, Illinois 61455. To obtain filmstrip/tape, contact your Superintendent of Education Service Region office.

EVALUATION OF STUDENT PERFORMANCE

Directly related to the quality of the program is the ongoing process of student performance evaluation. The evaluation of student performance determines to what degree the student performance objectives are being met. The evaluation should be based upon pre-established criteria in the areas of cognitive, affective and psychomotor skills. The health occupations instructor can learn about the more common evaluative techniques in a course about tests and measurements as any teacher can. However, the health occupations instructor can be more effective in evaluative procedures by learning additional techniques peculiar to clinical teaching

in the health occupations. The instructor will be required to evaluate students' performance of specific motor tasks and the cognitive aspects of clinical performance.

In order to demonstrate a task effectively and to evaluate the return demonstration by the student, the instructor will need to break the task down into steps. These steps serve both as a procedure to follow and a checklist for evaluation. For example, when teaching the task of taking a temperature, the instructor should list the steps involved in taking the temperature and should then demonstrate, quite deliberately, each step in the performance of the task. When the student performs this task in the laboratory and clinical settings, this same list of tasks becomes the evaluation tool utilized by the instructor and also by the student to self-evaluate.

To evaluate the cognitive skills of the student the instructor will need to learn to observe the student's ability to recall, assess and to use judgement based upon scientific principles. There are several factors which influence the student's readiness to develop skills. These have been identified by J. C. Flanagan as follows: perceptual ability, cognitive skill, motives, ability to concentrate, fatigue, previously acquired behavior and imitation. Flanagan goes further to give "Methods for Evaluating Cognitive Skills" and "Factors Involved in the Performance of Skills." J. E. Schweer outlines ways of gathering evidence to evaluate desired behaviors. Schweer suggests several techniques such as anecdotal notes, critical incident techniques, rating scales and various testing devices to utilize in assessing cognitive skill performance.

For further information see:

Teacher Education for Allied Health Occupations: Toward Competency-Based Programs, Mary Elizabeth Milliken, 1973. Region IV Office, Bureau of Health Manpower Education, National Institutes of Health, Department of Health, Education and Welfare.

The Clinical Experience Record for Nursing Students, J. C. Flanagan, 1960. Pennsylvania: Psychometric Techniques Association.

HEALTH ASSOCIATIONS

There are many organizations that influence and affect health occupations program planning and implementation. These organizations prepare guidelines primarily for postsecondary programs.

1. Illinois Department of Registration and Education--
   Programs in nursing are established in accordance with the "Rules and Regulations for the Administration of the Illinois Nursing Act" under the jurisdiction of the Department of Registration and Education.

2. Illinois Nurses' Association and American Nurses' Association--
The Illinois Nurses' Association is a constituent of the American Nurses' Association and is the official voice of nursing in Illinois. It is the professional organization of registered nurses and is supported by its members. The American Nurses' Association promotes optimum health care for all people, advances the profession of nursing, and reinforces the efforts of individual nurses who seek to strengthen their professional practice.

3. Illinois League of Nursing and the National League of Nursing--
The Illinois League and the National League of Nursing recognize that there are basic health needs common to people of all ages in all settings. Within this broad scope, nurses assist in the patient's rehabilitation and maintenance of optimum health.

4. American Medical Association Council on Education--
The association prepares the "Essentials or Guidelines" for approval of accredited programs. Approval of allied medical educational programs is a collaborative process: ESSENTIALS are developed and endorsed by the allied health and/or medical specialty societies concerned with a particular occupation and submitted to the Council on Medical Education for adoption by the AMA House of Delegates. EDUCATIONAL PROGRAMS are approved by the Council on Medical Education on the recommendation of review committees appointed by the collaborating organizations. The Council's Advisory Committee on Education for the Allied Health Professions and Services advised the Council on matters concerning allied medical education; a Panel of Consultants consisting of representatives of the collaborating organizations provides consultation to the Advisory Committee and Council on Medical Education in matters concerning allied medical education.

ORGANIZATIONS--The Council on Medical Education, American Medical Association collaborates with:

American Academy of Family Physicians
American Academy of Orthopaedic Surgeons
American Academy of Pediatrics
American Association for Respiratory Therapy
American Association of Homes for the Aging
American Association of Blood Banks
American Association of Medical Assistants
American College of Chest Physicians
American College of Physicians
American College of Radiology
American Medical Record Association
American Occupational Therapy Association
American Physical Therapy Association
American Speech and Hearing Association
American Society of Anesthesiologists
American Society of Clinical Pathologists
American Society of Internal Medicine

American Society of Medical Technology
American Society of Radiologic Technologists
Society of Nuclear Medical Technologists
Society of Nuclear Medicine

5. American Dental Association Council on Education--
The association prepares the (Essentials) for the Dental programs, such as Dental Assisting, Dental Hygienist and Dental Laboratory Technician.

SUMMARY

Know the vocational education philosophy of the State of Illinois, as found in the "State Plan for the Administration of Adult, Vocational and Technical Education in Illinois," and be able to tailor your curriculum to follow the philosophy. Follow the career education model for the State of Illinois.

Be very knowledgable regarding the kind of work done by all health workers, the function of health care facilities, levels of workers and preparation needed. Utilize your advisory committee to obtain important information regarding consumer and community needs.

Possess the ability to work closely with other teachers. A health occupations teacher must feel a part of the school faculty and look to one's first responsibility as that of a teacher even though the teacher has frequently attained one's teaching position because of ones training and expertise in a health occupation. Recognize subject areas that might be supportive to the health occupations program.

Be able to design curriculum to meet local needs and with measurable objectives. Work with other teachers in your own school and in neighboring schools to articulate a total health occupations program. Also enlist the aid of teachers who teach supportive subjects (those more closely related to health occupations) to enhance your health occupations offerings and for a better student product with a well-rounded, quality education.

Establish rapport with representatives of potential clinical training facilities. This is really a public relations job. The health occupations teacher relies upon the health care facility for the clinical practical experiences of ones students; therefore, it is important to plan carefully with the health care workers in these facilities for the skill experiences of the individual student. The teacher must also be cognizant of the need for concurrent teaching of skills in the lab and the clinical area in order to effectively assess and evaluate the ability of each student to perform each skill. For example, if the student is learning the bed-making procedure in the classroom and laboratory, it is important for this student to then have the opportunity to perform this skill in the clinical setting under the guidance of the instructor for the purpose of both encouragement in the process and evaluation of the end product.

Have individualized instruction in the classroom as much as possible to accommodate the different growth rates of students and levels of abilities.

Design classroom learning activities so that they do not become monotonous and boring. Be imaginative and creative. Develop group activities, individual activities, guest speakers, etc., to enhance, excite and motivate students. The utilization of these methods requires more planning, but is accumulative. The first year of planning is the most time consuming.

The instructor should gear learning experiences to the level of the student. Level could be defined as interest, ability, age, etc. In other words, teach the individual student and meet the student needs as nearly as possible. Motivate students. This is done in many ways, the main one being through example. The teacher's interest in the individual student's learning is infectious. The teacher displays one's enthusiasm in the tone of voice, enthusiasm toward performing skills and attitude toward patient care. Students are also motivated by positive remarks. The teacher must acknowledge any progress by rewarding the student and all criticism should be of a constructive nature only.

LISTING OF HEALTH OCCUPATIONS RESOURCES

A. B. Dick Co., 5700 West Touhy Avenue, Chicago, IL 60648

Aetna Life and Casualty, Public Relations and Advertising Department, Film Library, 151 Farmington Avenue, Hartford, CT 06115

Aims Instructional Media Services, Inc., P. O. Box 1010, Hollywood, CA 90028

Allergy Foundation of America, 801 Second Avenue, New York, NY 10017

Aloe Medical-Health and Science Division, Brunswick Corporation, 1831 Olive Street, St. Louis, MO 63103

American Association for Respiratory Therapy, 7411 Hinds Avenue, Dallas, TX 75235

American Cancer Society, 219 East 42nd Street, New York, NY 10017

American Council on Education, 1785 Massachusetts Ave., N. W., Washington, DC 20006

American Educational Films, 331 N. Maple Drive, Beverly Hills, CA 90210

American Foundation for the Blind, 15 W. 16th Street, New York, NY 10011

American Guidance Service, Inc., Publishers Building, Circle Pines, MN 55014

American Heart Association, 44 E. 23rd Street, New York, NY 10011

American Hospital Association, 840 N. Lake Shore Drive, Chicago, IL 60611

American Journal of Nursing Company, Film Library, c/o Association-Sterling Films, 600 Grand Avenue, Ridgefield, NJ 07657

American National Red Cross, Office of Public Relations, Washington, DC 20006

American Nursing Home Association, 1025 Connecticut Avenue, N. W., Washington, DC 20036

American Orthoptic Council, 3400 Massachusetts Avenue, Washington, DC 20007

American Parkinson's Disease Association, Inc., 147 East 50th Street, New York, NY 10022

American Personnel and Guidance Association, 1605 New Hampshire Avenue, N. W., Washington, DC 20009

American Podiatry Association, 20 Chevy Chase Circle, N. W., Washington, DC 20015

American Technical Society, 5608 Stony Island, Chicago, IL 60637

Arco Publishing Company, Inc., 219 Park Avenue South, New York, NY 10003

Arthritis and Rheumatism Foundation, Director of Public Information, 23 West 45th Street, New York, NY 10036

Association of American Medical Colleges, Office of Minority Affairs, One Dupont Circle, Washington, DC 20036

Au-Vid Incorporated, 1440 South State College Boulevard, Building 2D, Anaheim, CA 92806

Audio-Visual Publications Office, Kenny Rehabilitation Institute, 1800 Chicago Avenue, Minneapolis, MN 55404

Bobbs-Merrill Educational Publishing Co., (Howard W. Sams Publications) 4300 West 62nd Street, Indianapolis, IN 46206

Brady Co., R. J., Bowie, MD 20715

Bureau of Audio-Visual Instruction, P. O. Box 2039, 1312 West Johnson Street, Madison, WI 53715

California Hospital Association, Public Relations Department, 1127 11th Street, Sacramento, CA 95814

Careers, Inc., P. O. Box 135, Largo, FL 33540

Career Aids, Inc., 5024 Lankershim Boulevard, North Hollywood, CA 91601

Careers in Health, United Health Service, Health Career Program, 225 South 15th Street, Philadelphia, PA 19102

Center for Vocational Education, Ohio State University, 1960 Kenny Road, Columbus, OH 43210

Cinema Pictures, Inc., 10212 Noble Avenue, Mission Hills, CA 91340

Collier's Encyclopedia, Collier-MacMillan Library Division, 60 Fifth Avenue, New York, NY 10011

Concept Media, 1500 Adams Avenue, Costa Mesa, CA 92626

Cornet Instructional Films, 65 East South Water, Chicago, IL 60601

Council for Exceptional Children (National Education Association), 1201 16th Street, N. W., Washington, DC 20006

Council on Family Health, 633 Third Avenue, New York, NY 10017

Counciling Films, Inc., P. O. Box 1047, Madison, WI 53701

Counselor Films, Inc., 1422 Chesnut Street, Philadelphia, PA 19102

Davis and Geck, Division of American Cyanamide Co., Film Library, One Casper Street, Danbury, CT 06810

D.E.N.T. (Direction for Education in Nursing via Technology), Appleton-Century-Crafts, Nursing Film Library, Educational Division, 440 Park Avenue, South, New York, NY 10016

Delmar Publishers, Inc., 50 Wolf Road, Albany, NY 12205

Department of Health, Education and Welfare, Washington, DC 20202

Department of Mental Health, State of Illinois, 401 Stratton Building, Springfield, IL 62706

Doubleday Multimedia, Box C-19518, 1371 Reynolds Avenue, Irvine, CA 92713

DuKane Corp., 2900 DuKane Drive, St. Charles, IL 60174

Eastman Kodak Co., 343 State Street, Rochester, NY 14650

Encyclopaedia Britannica Films Inc., 1150 Wilmette Avenue, Wilmette, IL 60091

Eye Bank Association of America, Executive Secretary, 3195 Maplewood Avenue, Winston-Salem, NC 27103 and/or Legal Advisor, 701 East Franklin, Suite 1500, Richmond, VA 23207

Fairchild Publications, Inc., (Books and Visuals) 7 East 12th Street, New York, NY 10003

Fearon Publishers/Lear Sieglas, Inc., 6 Davis Drive, Belmont, CA 94002

Ferguson (J.G.) Publishing Co., 6 North Michigan Avenue, Chicago, IL 60602

Gregg/Community College Division, McGraw-Hill, 1221 Avenue of the Americas, New York, NY 10020

Hancock (John) Mutual Life Insurance Co., Health Education Service, 200 Berkely Street, Boston, MA 02116

Harper and Row Publishers, Inc., 49 E. 33rd Street, New York, NY 10003

Health Information Foundation, Public Relations Director, 420 Lexington Avenue, New York, NY 10017

Honeywell Information Systems, 200 Smith Street, (MS 440) Waltham, MA 02154

Howard University College of Medicine, Department of Pediatrics and Child Health, Washington, DC 20001

Institute of Rehabilitative Medicine, New York University Medical Center, 400 East 34th Street, New York, NY 10016

Lawren Productions, Inc., 4233 Wooster Avenue, San Mateo, CA 94403

Lederle Laboratories, Division of American Cyanamide, Film Library, Pearl River, NY 10965

Lilly (Eli) and Company, Audio-Visual Film Library, P. O. Box 618, Indianapolis, IN 46206

Lippincott (J.B.), East Washington Square, Philadelphia, PA 19105

MacMillan Company Publishers, 866 Third Avenue, New York, NY 10022

Matthews, Medical and Scientific Books, Inc., 3140 Park Avenue, St. Louis, MO 63104

McGraw-Hill Book Company, 1221 Avenue of the Americas, New York, NY 10020

McGraw-Hill Text Films, 330 West 42nd Street, New York, NY 10036
Eastern Office: Princeton Road, Hightstown, NJ 08520
Midwestern Office: 828 Custer Avenue, Evanston, IL 60202
Western Office: 1714 Stockton Street, San Francisco, CA 94113

McKnight and McKnight Publishing Company, Towanda Avenue at Route 66, Bloomington, IL 61701

Metropolitan Life Insurance Co., One Madison Avenue, New York, NY 10010

Milady Publishing Corporation, 3829 White Plains Road, Bronx, NY 10467

Mosby (C.V.) Company, 3207 Washington Boulevard, St. Louis, MO 63101

Muscular Dystrophy Associations of America, Inc., 1790 Broadway, New York, NY 10019

National Association for Mental Health, Inc., 1800 North Kent Street, Rosslyn Station, Arlington, VA 22209

National Association for Retarded Citizens, 2709 Avenue E East, Arlington, TX 76010

National Audio-Visual Center, National Archives and Records Service, Washington, DC 20409

National Committee on Employment of Youth, 145 East 32nd Street, New York, NY 10016

National Council for Homemaker-Home Health Aide Services, 67 Irving Place, 6th floor, New York, NY 10003

National Council on the Aging, 1828 "L" Street, N. W., Washington, DC 20036

National Council on Alcoholism, Publications Division, 2 East 103rd Street, New York, NY 10029

National Dairy Council, Program Service Department, 111 North Canal Street, New York, NY 10012

National Easter Seal Society, 2023 West Ogden Avenue, Chicago, IL 60612

National Educational Media, Inc., 15760 Ventura Blvd., Encino, CA 91436

National Foundation for Sudden Infant Death, 1501 Broadway, New York, NY 10036

National Health Council, Inc., 1740 Broadway, New York, NY 10019

National League for Nursing, 10 Columbus Circle, New York, NY 10019

National Medical Audio-Visual Center Annex, Station K, Atlanta, GA 30324

National Multiple Sclerosis Society, 257 Park Avenue South, New York, NY 10010

National Safety Council, Department H, P. O. Box 11171, Chicago, IL 60611

National Society for the Prevention of Blindness, 79 Madison Avenue, New York, NY 10016

National Student Nurses' Association, Inc., 10 Columbus Circle, Room 2330, New York, NY 10019

National Training Aids, Inc., P. O. Box 81132, Atlanta, GA 30341

Nutrition Foundation, Inc., 888 17th Street, N. W., Washington, DC 20006

Prentice-Hall Media, 150 White Plains Road, Tarrytown, NY 10591

Pyramid Film Producers, P. O. Box 1048, Santa Monica, CA 90400

Ross Laboratories, Creative Services and Information Department, 625 North Cleveland Avenue, Columbus, OH 43216

Saunders (W.B.) Company, West Washington Square, Philadelphia, PA 19103

Smith, Kline and French Laboratories, 1500 Spring Garden Street, Film Center Services, Department E-10, Philadelphia, PA 19101

Springer Publishing Company, 200 Park Avenue, New York, NY 10003

State Board of Education, Illinois Office of Education, Department of Adult, Vocational and Technical Education, Occupational Consultants Section, 100 North First Street, Springfield, IL 62777

Steck-Vaughn Company, P. O. Box 2028, Austin, TX 78767

3-M Company Visual Products Division, 2501 Hudson Road, St. Paul, MN 55119

Techniques Learning Council, (TLC), 921 East Green Street, Pasadena, CA 91106

Trainex Corporation, P. O. Box 116, Garden Grove, CA 92642

United Ostomy Association, 111 Wilshire Boulevard, Los Angeles, CA 90017

United States Department of Agriculture, Inquiries and Distribution, Human Nutrition, Research Branch, Washington, DC 20250

United States Department of Health, Education and Welfare, Public Health Service, National Institute of Health, National Library of Medicine, Audio-Visual Center, Atlanta, GA 30333.

United States Department of Health, Education and Welfare, Children's Bureau, Office of Child Development, Washington, DC 20201

United States Department of Labor, Employment Security, Washington, DC 20213

United States Public Health Service, Communicable Disease Center, 605 Volunteer Building, Atlanta, GA 30300

Wollensak/3-M Company, 3-M Center, St. Paul, MN 55113

Winthrop Laboratories, 90 Park Avenue, New York, NY 10016

Wyeth Laboratories, P. O. Box 8299, Philadelphia, PA 19101

APPENDIX

Program Titles and O.E. Codes

O.E. Code	Program Title
07.0101	Dental Assisting
07.0916	Dietary Aide
07.0902	Electrocardiograph Technician
07.0912	Geriatric Aide
07.0307	Home Health Aide
07.0914	Hospital Ward Clerk
07.0903	Inhalation (Respiratory) Therapy Aide
07.0904	Medical Assisting
07.0203	Medical Laboratory Assisting Aide
07.0913	Medical Records Aide
07.0909	Mortuary Aide
07.0303	Nurse Aide
07.0915	Pediatric Aide
07.0910	Pharmacy Aide
07.0402	Physical Therapy Aide
07.0302	Practical Nursing
07.0500	Radiologic Aide
07.0400	Rehabilitation Aide
07.0911	Therapeutic Recreational Assistant